

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715298

FILED
Jun 19, 2005
Secretary of State

Entity Name: INDIAN HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2252 WINSLOW CIRCLE
CASSELBERRY, FL 32707

New Principal Place of Business:

P.O.BOX 300246
FERN PARK, FL 32730 US

Current Mailing Address:

2252 WINSLOW CIRCLE
CASSELBERRY, FL 32707

New Mailing Address:

P.O BOX 300246
FRN PARK, FL 32730 US

FEI Number: 59-2469493 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PRESSIMONE, GLENN M
2252 WINSLOW CIRCLE
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

NELSON, NEAL A
1957 CREE TRAIL
CASSELBERRY, FL 32707 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NEAL NELSON

06/19/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUGHES, DOUG
Address: 336 SUN OAKS CT
City-St-Zip: LAKE MARY, FL 32746

Title: VP () Delete
Name: POLLACK, DAVE
Address: 2036 COLLIER DRIVE
City-St-Zip: FERN PARK, FL 32730

Title: S () Delete
Name: POLLACK, LORI
Address: 2036 COLLIER DRIVE
City-St-Zip: FERN PARK, FL 32730

Title: T () Delete
Name: PRESSIMONE, GLENN M
Address: 2252 WINSLOW CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JAMES, ROBERT
Address: 2632 TALBOT RD
City-St-Zip: FERN PARK, FL 32730

Title: VP (X) Change () Addition
Name: NICKELS, HARRY
Address: 2636 TALBOT RD
City-St-Zip: FERN PARK, FL 32730

Title: S (X) Change () Addition
Name: VAN HORN, CAROL
Address: 2647 FALMOUTH RD
City-St-Zip: MAITLAND, FL 32751

Title: T (X) Change () Addition
Name: NELSON, NEAL A
Address: 1957 CREE TRAIL
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEAL NELSON

T

06/19/2005

Electronic Signature of Signing Officer or Director

Date